C		Γ		FOR LINE NUMBER: PAGE 33 / 40
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δ,	w information conicd from auch Panerta and Stat	omonto mou	not be cold or used by any person	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)				
$ \rangle$	American Academy of Dermatology Ass			
/ ransonsarrasassiny of Domaiology risososiation i ontion commit				
_	Full Name (Last, First, Middle Initial)			
A.	Mark Valentine			Date of Receipt
	Mailing Address 1501 W Horizon Dr			M M / D D / Y Y Y Y
				03 01 2006
	City	State	Zip Code	Transaction ID: 12099204
	Mukilteo	WA	98275-2111	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			333.53
	Name of Employer	Occupation	1	
	Name of Employer Self-Employed	Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		500.00	
				4
	Full Name (Last, First, Middle Initial)			
B.				Date of Receipt
	Mailing Address 2171 Oceanview Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Cit.	01-1-	Zin Oada	03 01 2006
	City	State	Zip Code	Transaction ID: 12099217
	Tierra Verde	FL	33715-2513	Amount of Each Receipt this Period
	FEC ID number of contributing	C		1000.00
	federal political committee.			
	Name of Employer Riverside Medical Center	Occupation	1	
	Riverside Medical Center	Physician	l	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1000.00	
C.	Full Name (Last, First, Middle Initial) Jane Wada			Date of Receipt
Ċ.	Mailing Address 399 Flintridge Oaks Dr			M M / D D / Y Y Y Y
	Maining Address 599 Fillithage Oaks Di			03 01 2006
	City	State	Zip Code	Transaction ID: 12099250
	La Canada	CA	91011-3515	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		
		Physician		_
	Receipt For: Primary General	Aggregate Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	250.00	
	☐ Other (specify) ♥		1 1 1 1 1 1 1	1
SUBTOTAL of Receipts This Page (optional)				
اع	UDIVIAL of Receipts This Page (optional)			1750.00

TOTAL This Period (last page this line number only)